



TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Application

Type or write legibly in only black or blue ink.

Name _____ Date _____

Address _____

City, State, ZIP _____

Phone (with area code) _____

Email (required) _____

Social Security Number _____

1. Certification requires a minimum of a high school diploma or a GED. Do you have a high school diploma or GED? ☐ YES ☐ NO
2. Are you employed in the behavioral health field under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01? If so, ask your immediate supervisor to complete the Employment Summary Form. ☐ YES ☐ NO
3. Have you provided volunteer peer recovery services in the behavioral health field under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01? If so, ask your immediate supervisor to complete the Volunteer Service Form. ☐ YES ☐ NO
4. Are you in recovery from mental illness, substance abuse, or co-occurring disorders? ☐ YES ☐ NO
5. Have you disclosed to peers, staff, or the general public that you have lived experience with mental illness, substance abuse, or co-occurring disorder? ☐ YES ☐ NO

6. Have you had a minimum of 12 consecutive months in self-directed recovery? ☐ YES ☐ NO
7. Have you successfully completed the State's Certified Peer Recovery Specialist Training? ☐ YES ☐ NO
8. Have you worked with individuals who have mental illness, substance abuse, or co-occurring disorders for at least 75 hours (paid or volunteer) providing peer recovery services? ☐ YES ☐ NO

Position _____

Agency/organization _____

Start Date _____ End Date _____ ☐ PAID ☐ VOLUNTEER

Total number of hours provided paid or volunteer peer recovery services _____

Supervisor's Name _____

Supervisor's Phone Number _____

Briefly describe your responsibilities/duties: _____

Supervisor's Name _____

Supervisor's Phone Number _____

Attach more pages as needed for additional work or volunteer experience providing peer recovery services.

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Your signature _____ Date _____

Your printed name _____